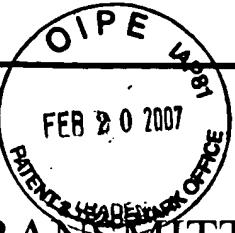


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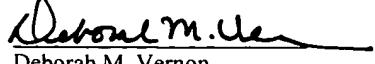
TRANSMITTAL
FORM

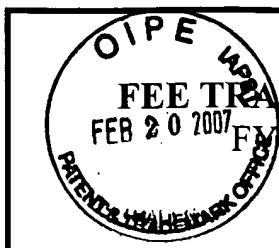


TRANSMITTAL FORM	Application Number	10/540,960
	Filing Date	March 21, 2006
	First Named Inventor	Heimsoth
	Group Art Unit	3651
	Examiner Name	Bidwell, J.R.
	Attorney Docket No.	20496-484
	Patent No.	
	Issue Date	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]		
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted,  Deborah M. Vernon Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600



Express Mail Label No. EV719221113US

<i>Complete if Known</i>	
Application No.	10/540,960
Docket No.	20496-484
Filing Date	March 21, 2006
First Named Inventor	Heimsoth
Group No.	3651
Examiner Name	Bidwell, J.R.
Confirmation No.	4131

METHOD OF PAYMENT

FEE CALCULATION (continued)

<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					4. ADDITIONAL FEES			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500.								
<input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.					Fee (\$)	Fee (\$)	Fee Description	Fee Paid
<input type="checkbox"/> Applicant claims small entity status. (deduct 50%)					130	65	Surcharge - late filing fee or oath	
					50	25	Surcharge - late provisional filing fee or cover sheet	
					130	130	Non-English specification	
					2,520	2,520	Request for ex parte re-examination	
					120	60	Extension for reply within 1 st mo.	120.00
					450	225	Extension for reply within 2 nd mo.	
					1,020	510	Extension for reply within 3 rd mo.	
					1,590	795	Extension for reply within 4 th mo.	
					2,160	1,080	Extension for reply within 5 th mo.	
					500	250	Notice of Appeal	
					500	250	Filing a brief in support of an appeal	
					1,000	500	Request for oral hearing	
					400	0	Petitions to the Director	
					180	180	Submission of IDS	180.00
					790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
					790	395	For each additional invention to be examined (37 CFR 1.129(b))	
					100	100	Certificate of Correction for applicant's error	
					130	65	Submission of Terminal Disclaimer	
					Other fee (Specify)			
					Other fee (Specify)			
							4. TOTAL:	300.00
					TOTAL AMOUNT SUBMITTED (\$ 300.00)			
					SIGNATURE BLOCK			
					Respectfully submitted,  Deborah M. Vernon Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600			
					Date: February 20, 2007 Reg. No.: 55,699 Tel. No.: (617) 526-9836 Fax No.: (617) 526-9899			
3. APPLICATION SIZE FEE <p>If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p>								
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid				
-100=	0	/50=	round up to a whole number	x = 0.00				
3. TOTAL: 0.00								
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899								

Respectfully submitted,

A. J. H. M. VAN DER HORST

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